



Danny Rhynes Interagency Training Center
602 S. Tippecanoe Ave.
San Bernardino, CA 92408
(909) 382-2984 Fax (909) 382-4192
Email: drtc@fs.fed.us

Memorandum

DATE: February 5, 2015

SUBJECT: S-390 Introduction to Wildland Fire Behavior Calculations

TO: Students

You have been selected to attend the S-390 Introduction to Wildland Fire Behavior Calculations training session at the Danny Rhynes Interagency Training Center on March 16-20, 2015. Class will begin at 1000 hours on Monday, March 16 and conclude at approximately 1200 hours on Friday, March 20.

Trainee prerequisites are:

1. Successful completion of S-290 Basic Fire Behavior/or agency equivalent.
2. Qualified as a single resource boss

Please bring the following items to class the first day:

1. Fireline Handbook that includes Appendix "B."
2. Calculator
3. Colored Pencils

Pre-study Assignment/Special Student Information:

There is 8 to 10 hours of pre-work along with a pre-course test that can be found on the website <http://training.nwcg.gov/pre-courses/S390/s390.html> All materials are found on this website.

Become familiar with the reference materials and then start the pre-course study. Take the pre-work seriously; there is a two hour timed pre-qualifying test that you must pass with 70% or higher to be enrolled in the course.

When you have completed the pre-course test, print a copy of your results, (please note, when you print the test, it will only print your test results to eliminate the test from being distributed to others) and email or fax **no later than March 9, 2015** to:

Danny Rhynes Training Center
Fax: 909-382-4192 or drtc@fs.fed.us

ALL STUDENTS: Please complete and return the pre-registration form to the training center no later than close of business **Monday, March 2, 2015**. FAX copies are sufficient.

Your tuition cost is **\$300.00**

All students must submit a NWCG Nomination Form with proper agency charge codes and signatures for payment. Forms can be attained on-line at: "nationalfiretraining.net."

Billing Information:

Forest Service (Other Regions): The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

Other Federal Agencies: The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

Other Non Federal Agencies: It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

Cancellations: Cancellations must be made two weeks prior to the course start date. If a cancellation occurs after the two-week cut off and the slot goes unfilled, there will be a charge not to exceed the tuition charge for the course. **The last date to cancel for this course is March 2, 2015.**

If a student cancels within the two-week period and pre work has already been received, the student needs to return pre work to the training facility.

Dress: Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc).

Travel: For travel, lodging information, and local area map navigate on the internet to the DRTC website: <http://www.fs.usda.gov/goto/sanbernardino/travel>.

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at drtc@fs.fed.us.

/s/ Kristel Johnson

Kristel Johnson
Forest Training Officer, DRTC

PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER
FAX: 909-382-4192 or email to drtc@fs.fed.us

ALL Blocks MUST be Completed

Course Title: S-390 Introduction to Wildland Fire Behavior Calculations **Date:** March 16-20, 2015

Trainee Name _____ **Email** _____
AHC Student ID _____

Agency:

FS: Forest: _____ District: _____

Region: _____ Unit: _____

Other Agency: _____ *(Ranger Unit/Station)*

(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)

Work

Address: _____
(Mailing Address of your unit headquarters.) (City – State – Zip Code)

Phone Number: _____ **Fax Number:** _____

Supervisor Name/Title _____ **Phone:** _____

Training Officer Name: _____ **Phone:** _____

**RETURN THIS FORM TO THE
TRAINING CENTER
BY COB:**

March 2, 2015